

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 02 10 99
State File No. 3037

BIRTH NO. 47026-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3037

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City				c. CITY OR TOWN Kansas City Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (in this place) 6 hrs 54 min.				STREET ADDRESS 1217 Atherton (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital							
3. NAME OF DECEASED (Type or Print)		a. (First) SHERRY		b. (Middle) JENE		c. (Last) HARBER	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH 6-21-57		9. AGE (In years last birthday) 6		10. MONTHS 21		11. DAYS 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nelvin Carl Harber		13b. MOTHER'S MAIDEN NAME Cecil Nadine Conner		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Cecil Harber		ADDRESS Independence, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity 6 mo. gestation INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) Multiple birth. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-21 , 19 57 , to 6-21 , 19 57 , that I last saw the deceased alive on 6-21 , 19 57 , and that death occurred at 9:10 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Fred J. Zammarr		23b. ADDRESS 300 S. Liberty Independence, Mo.		23c. DATE SIGNED 6-21-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-21-57		24c. NAME OF CEMETERY OR CREMATORY DESTROYED AT THE CONLEY MATERNITY HOSPITAL LABORATORY		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-1-57		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Conley Hosp. Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Fred J. Zammarr

KP
4

1217 Attention
KJ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.